



## ***At a Glance***

*March 31, 2015*

### **Contents**

Breaking News.....	2
Medicaid and Child Health Plan <i>Plus</i> 2015 Income Guidelines .....	2
Parent and Caretaker Relative Federal Poverty Level Changes .....	2
PEAKHealth Mobile App for Medicaid & CHP+ Clients Now Available .....	2
Special Enrollment Period Not Required .....	3
Remaining Non-ACA Health Insurance Plans to Phase Out in 2015 .....	3
Legislative Update .....	4
HCPF on Social Media .....	4
Partner and Consumer Tax Resources.....	4
Tax Information for Connect for Health Colorado Customers .....	4
Tax Information for Medicaid or Child Health Plan <i>Plus</i> Members.....	5
Increase Enrollment .....	5
PEAK and CBMS March 2015 Enhancements .....	5
PEAK Resources and Trainings .....	5
Improve Health Outcomes .....	6
Person and Family Centeredness Advisory Council .....	6
Open Enrollment for FMS providers for Clients receiving Consumer-Directed Attendant Support Services 6	
Data Collection Study .....	7
Colorado Medicaid Dental Program Updates.....	7
Home Modification Stakeholder Workgroup.....	8
Contain Costs .....	8
Accountable Care Collaborative Update .....	8
Accountable Care Collaborative (ACC) Request for Information Update .....	9
Medical Services Board .....	10
Medical Service Board Member Recruitment.....	10
Public Rule Review Opportunities .....	10
Disability Rights Notice .....	11
Employment Opportunities.....	11
Enrollment.....	11

## Breaking News

### Medicaid and Child Health Plan *Plus* 2015 Income Guidelines

The Federal Poverty Level (FPL) are low-income guidelines established annually by the Department of Health and Human Services (HHS), used as an eligibility criterion for Medical Assistance programs. Federal poverty levels are used to determine eligibility for certain programs and benefits. In accordance with federal law, the Department of Health Care Policy and Financing has updated the FPLs for all Medical Assistance programs. **The new income levels will be effective April 1, 2015.** For additional information please see the [Agency Letters](#). Updated income charts are now available for [Medicaid](#), [Medicaid Buy-in for Working Adults with Disabilities](#), [Medicaid Buy-in for Children with Disabilities](#), [Medicare Savings Program and Low Income Subsidy](#) and [CHP+](#).

For additional information, contact [Ana Bordallo](#).

### Parent and Caretaker Relative Federal Poverty Level Changes

Effective April 1, 2015, changes will be made to the Parent and Caretaker Relative Federal Poverty Level (FPL) eligibility criteria. The purpose of this change is to align the Parent and Caretaker Relative Federal Poverty Level (FPL) eligibility criteria with federal requirements, and to fully implement the Modified Adjusted Gross Income (MAGI) income conversion for this eligibility category. The new FPL income standard for the Parent and Caretaker Relative eligibility category will be changed from 107% FPL to 68% FPL. The Department is currently working to update the rules and the eligibility system, Colorado Benefits Management System (CBMS), to reflect this change.

For additional information please refer to the [Parent/Caretaker Relative Frequently Asked Questions](#) or contact [Ana Bordallo](#).



### PEAKHealth Mobile App for Medicaid & CHP+ Clients Now Available

The Department of Health Care Policy and Financing has launched the new PEAKHealth mobile app. PEAKHealth gives Medicaid and Child Health Plan *Plus* (CHP+) members a simple way to keep their information up to date and access important health information right from their phone.

PEAKHealth is for **current** Medicaid and CHP+ clients who have a Colorado.gov/PEAK account. PEAKHealth is **not** designed for people who want to **apply** for benefits.

PEAKHealth will help Medicaid and CHP+ clients to search for a provider, view their medical card, update their income and contact information, view benefit information, make a payment and access health and wellness resources.

PEAKHealth can be downloaded at the [Apple iTunes Store](#) or [Android/Google Play App Store](#) for free. For more information on the PEAKHealth mobile app view our [video tour](#) and check out our PEAKHealth stakeholder resource page at [CO.gov/HCPF/PEAKHealth-Stakeholders](#).

## Special Enrollment Period Not Required

After careful review, the Colorado Division of Insurance (DOI), part of the Department of Regulatory Agencies (DORA), determined that it will not allow a special enrollment period for 2015 health insurance coverage for individuals who have to pay a tax penalty for not having health insurance in 2014. This decision applies to people looking for insurance through Connect for Health Colorado, as well as those seeking health plans on the open market (off the exchange). It is important to remember individuals can apply for Medicaid or Child Health Plan *Plus* (CHP+) at any time.

Consumers who experience a qualifying event throughout the year, such as loss of employer's coverage, marriage, divorce, or birth of a child, will still be able to enroll when those events occur. People that have a qualifying event must still be mindful of a limited window for enrollment.

Consumers with questions about special enrollments and qualifying events, or who need to request an exemption to allow a special enrollment, can contact DOI at 303-894-7490 / 1-800-930-3745 (outside the Denver metro area).or email questions to [insurance@dora.state.co.us](mailto:insurance@dora.state.co.us). See the full [DOI press release](#) for more information.

## Remaining Non-ACA Health Insurance Plans to Phase Out in 2015

The Division of Insurance also announced that all remaining health insurance plans for individuals and for small employers that do not meet Affordable Care Act (ACA) requirements will not continue into 2016. This decision does not impact grandfathered plans, defined by the ACA as plans with an effective date prior to March 23, 2010.

This means that insurance companies will not continue offering these plans, and consumers will not be able to renew these plans. For 2016, individuals and small businesses that are not enrolled in grandfathered plans must enroll in ACA-compliant plans in order to receive healthcare coverage.

### How many people will this impact?

Based on a survey of health insurance carriers that DOI conducted earlier this year and reflective of enrollment as of December 31, 2014, 189,779 people will have their non-ACA compliant individual or small group plans discontinued by the end of 2015. They will have to choose a new ACA-compliant plan for 2016.

### What can policyholders expect?

Insurance companies will notify all of their individuals and small employers who hold non-ACA compliant plans of the discontinuation. These notices must contain information about all available options: Whether or not the company will offer plans that meet ACA requirements; finding ACA-compliant plans offered through Connect for Health Colorado; and the ability to purchase plans from other insurance companies.

For additional information, including [Frequently Asked Questions](#), please go to [Colorado.gov/Health](http://Colorado.gov/Health) or contact the Division of Insurance Consumer Affairs at 303-894-7490 / 1-800-930-3745 (outside the Denver metro area).or email questions to [insurance@dora.state.co.us](mailto:insurance@dora.state.co.us).

## Legislative Update

Wednesday, January 7, marked the opening day of the first session of the 70th General Assembly. Per the Constitution, the Colorado legislature is in session for no more than 120 days, adjourning this year on May 6, 2015.

The Department has two bills:

### **[HB15-1079](#) Teen Pregnancy and Dropout Prevention Program**

The bill allows the General Assembly to appropriate general fund moneys to implement and administer the teen pregnancy and dropout prevention program and extends the repeal date of the program from September 1, 2016 to September 1, 2020.

Status: 03/10/2015 Senate Committee on Finance Postpone Indefinitely

### **[HB15-1186](#) Eliminate the Children with Autism Waitlist**

The bill would increase the age for the waiver to 8, guarantee 3 years of services regardless of when a child enrolled, and increase the service cap limit and allow the cap to fluctuate in order to increase provider rates.

Status: 03/27/2015 House Committee on Appropriations Refer Unamended to House Committee of the Whole.

For more information, please contact [Zach Lynkiewicz](#).

## HCPF on Social Media

The Department has launched an official social media presence via Twitter, Facebook, and LinkedIn. We'll be using these channels as an additional way to engage with our varied audiences while echoing the messages of our sister state agencies. Want to join in and help us spread the word? Please Follow HCPF on [Twitter](#) and Like Us on [Facebook](#), and connect with us on [LinkedIn](#).

## Partner and Consumer Tax Resources

The Department has posted [Internal Revenue Services \(IRS\) resources](#) online for partners and consumers. The following resources can be found on [Colorado.gov/HCPF/ACAResources](#):

- [How Health Coverage Affects Your 2014 Federal Income Tax Return](#) (Federal HHS Resource)
- [Affordable Care Act Tax Provisions](#) (Federal IRS Resources)
- [3 Tips About Marketplace Coverage and Your Taxes](#) (Federal HHS Resource)
- [Health Care Law: What's New for Individuals and Families](#) (Federal IRS Resource)
- [No Health Coverage? What That Means for Your Taxes](#) (Federal HHS Resource)

## Tax Information for Connect for Health Colorado Customers

Connect for Health Colorado has posted important tax filing information for consumers who purchased a plan through the Marketplace. **Marketplace customers will receive a 1095-A.** This form is needed for them to file their federal income tax return. The Department does not issue or correct 1095-A forms. **All questions regarding the 1095-A form should be directed to the [Connect for Health Colorado](#) Customer Service Center.**

The federal Department of the Treasury announced on March 20, 2015 that [Connect for Health Colorado](#) customers who filed a tax return using [Form 1095-A](#) information that was later corrected will not be required to file an amended tax return. Those taxpayers can file an amended return if they choose. View the full [announcement](#) and [frequently asked questions](#) for more information.

*You'll find more information on the [Connect for Health Colorado website](#).*

## **Tax Information for Medicaid or Child Health Plan *Plus* Members**

Medicaid and Child Health Plan *Plus* (CHP+) members will **not** receive 1095-A forms. The 1095-A form is only for Coloradans who purchased a plan through Connect for Health Colorado. If you were covered for all of 2014 by Medicaid or CHP+, you will simply have to check a box on your tax form saying you were covered. If you were not covered for all of 2014 by Medicaid or CHP+, you may want to [apply for an exemption through the federal government](#) using the [IRS 8965 tax form](#). The Department is not responsible for granting exemptions.

*For more information go to [IRS.gov/ACA](#) or [Colorado.gov/Health](#).*

## **Increase Enrollment**

### **PEAK and CBMS March 2015 Enhancements**

Numerous enhancements to PEAK and CBMS will reduce application processing times, reduce errors, and improve the overall applicant and client experience. [Learn more about the March system enhancements.](#)

### **PEAK Resources and Trainings**

PEAK resources and training information is now available on the [PEAK Outreach Initiative's Outreach and Training site](#) or [tinyurl.com/peakoutreach](#).

The site hosts a variety of outreach and training resources for community partners, including:

- Important PEAK announcements and news
- PEAK View newsletters
- Live webinar and training calendar
- PEAK On-Demand recorded webinars
- PEAK User Guides
- PEAK support call schedule
- PEAK logo usage guidelines and files

The PEAK Outreach Team will continue to distribute the PEAK View newsletter on a monthly basis, but you will also be able to stay up-to-date on PEAK happenings and resource materials through the PEAK Outreach & Training site.

*For more information, contact [PEAKOutreach@bouldercounty.org](mailto:PEAKOutreach@bouldercounty.org).*

## Improve Health Outcomes

### Person and Family Centeredness Advisory Council

A foundational value of the Department is to engage Medicaid members in their own health and healthcare in a manner that is person-centered. As part of this effort, the Department is creating a Person and Family-Centeredness Advisory Council ("Advisory Council"). The Council, comprised entirely of Medicaid members and family of members, will serve as advisors to the Department to identify ways to incorporate the value of person and family-centeredness into Department business process, policies, and partnerships. The Advisory Council will work in concert with the Department's Leadership Team and Department staff who are serving as champions of this initiative.

The Advisory Council's purpose is to help the Department develop and maintain a culture of person-centeredness. The Advisory Council will serve as a formal mechanism for Medicaid members and their families to provide input and work collaboratively with the Department to identify and implement person and family-centeredness practices. The goal is to create sustainable culture change in the Department.

The advisory council plans to meet 6 to 8 times in 2015; the first meeting is on April 14, 2015.

*For more information, contact [Leah Spielberg](#).*

### Open Enrollment for FMS providers for Clients receiving Consumer-Directed Attendant Support Services

The Open Enrollment period for Consumer-Directed Attendant Support Services (CDASS) clients and authorized representatives to change their selection of Financial Management Services (FMS) vendors and/or FMS employer models is January 1 – June 30, 2015.

If a client or authorized representative requests a change after January 1, 2015, the case manager should notify the existing FMS and, if applicable, the new FMS using the enrollment form. The case manager will need to update the Prior Authorizations Request (PAR) if the model is changing. The PAR changes should not be communicated directly to the Department.

The timelines for open enrollment from Agency with Choice (AwC) to AwC or AwC to Fiscal/Employer Agent (F/EA) are below. These timelines are depending on the client or authorized representative submitting the necessary paperwork to the FMS vendor:

1. Selections made and information submitted prior to the 15<sup>th</sup> of the month will be effective the 1<sup>st</sup> of the following month. For example, selections made March 1 – 15 will be effective April 1.
2. Selections made and information submitted on or after the 16<sup>th</sup> of the month will be effective the 1<sup>st</sup> of the next month. For example, selections made March 16 – 31 will be effective May 1.

For F/EA to F/EA the timelines will be effective the first of the quarter. Additional information will be made available in the future.

*For more information, contact [Kelly Jepson](#).*



## Data Collection Study

The Department has begun preparing for the 2015 Healthcare Effectiveness Data and Information Set (HEDIS®) data collection study. The Department has contracted with Health Services Advisory Group, Inc. (HSAG), to conduct this study.

Beginning in February, Guardian Angel Consulting will be contacting providers to collect the necessary medical records. It is critical to the success of the study that providers respond with the requested information as soon as possible.

Obtaining a signed release form from the member is not necessary; by signing the client's Medicaid application, the member has already agreed to medical record access. In addition, the provider contract/agreement with the Department contains a statement allowing the Department and its designees access to the medical records of Medicaid members. The Code of Colorado Regulations allows the Department or its designees to obtain copies of medical records "at the expense of the provider"; therefore, reimbursement to the provider or to vendors photocopying medical records is not offered.

If you receive a medical record request, you must send your charts to Guardian Angel Consulting prior to the **May 9, 2015, deadline**. Please do **not** send charts to Guardian Angel Consulting after this date, as they will not be included in the study. Thank you for your cooperation towards the success of this project.

\*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

*If you have any questions about the 2015 HEDIS data collection study, please contact [Rachel Henrichs](#), HSAG project coordinator, at 303-755-1912, or [Russell Kennedy](#), at 303-866-3340.*

## Colorado Medicaid Dental Program Updates

### **Adult Dental Program Benefits – Rules and Regulations Update**

The revisions to the Adult Dental Services rule passed its final reading for permanent adoption at the [Medical Services Board](#) (MSB) meeting on March 13, 2015 and will be effective on April 30, 2015. The final version will be made available on the Code of Colorado Regulations website [here](#), scroll to section 8.201 of the rule. The final rule was updated to add clarification and robustness based on additional stakeholder feedback that was provided during the drafting of the children's dental rule and from feedback that the Department has received from the dental provider community since the implementation of the new comprehensive adult dental benefit on July 1, 2014.

The DentaQuest Medicaid Dental Provider Office Reference Manual (ORM) will also be updated to reflect the revisions to the adult dental benefit and published before the revisions becomes effective at the end of April. The ORM can be downloaded from the [DentaQuest Colorado Providers website](#). Until the new rule takes effect at the end of April, the Department and DentaQuest are continuing to administer the adult dental benefit as we have been since the July 1, 2014 implementation. The Department would like to thank all the dental providers, community members and advocates who assisted the Department in revising its Children's dental policies.

### **Dental Services for Medicaid-Eligible Refugees and Qualified Disabled Widows**

The Department has been given approval by the federal authorities at the Center for Medicare and Medicaid Services (CMS) to include Medicaid-eligible Refugees and Qualified Disabled Widow clients as eligible for Colorado Medicaid dental program benefits. The Department

expects these clients to show correct dental eligibility with DentaQuest no later than April 1, 2015. The eligibility will be retroactive to July 1, 2014. If any Colorado Medicaid dental provider previously billed a claim for services rendered to these clients and it was denied for a date of service on or after July 1, 2014, the Department has coordinated the necessary claims reprocessing with DentaQuest. Dental providers can contact their DentaQuest Provider Relations (PR) representative or contact DentaQuest Provider Services at 1-855-225-1731 with any questions about claims for services rendered to Medicaid-eligible Refugees and Qualified Disabled Widow clients.

### **Benefit Administration Transition to DentaQuest**

As the Department's dental Administrative Services Organization (ASO) for the State, DentaQuest is responsible for managing the Medicaid adult and children's dental benefit programs. Medicaid members can reach DentaQuest's Member Services at 1-855-225-1729 (TTY 711), Monday – Friday between 7:30am – 5:00pm Mountain Time or visit their website at [www.DentaQuest.com](http://www.DentaQuest.com) for assistance with your Medicaid dental questions.

Providers can contact DentaQuest's Provider Services at 1-855-225-1731 (TTY 711) if they need assistance or they can visit DentaQuest's [Providers website](#).

### **Home Modification Stakeholder Workgroup**

The Department has partnered with the Department of Local Affairs' (DOLA) Division of Housing to increase the quality of the home modification benefit provided to clients. The next six months will be a transition period during which both the Department and DOLA will be soliciting input on proposed changes to oversight of the home modification benefit.

The Department and DOLA will be co-facilitating a series of stakeholder workgroups for the home modification benefit every fourth Thursday, 10:00 a.m. – 12:00 p.m., at 303 East 17<sup>th</sup> Ave, Denver, Room 7AB.

To participate by phone, call:

Local: 720-279-0026

Toll Free: 1-877-820-7831

Participant code: 516148#

We welcome participation from all groups involved in the home modification process, including clients, Occupational Therapists and Physical Therapists, case managers, contractors and local building code officials.

*For more information, contact [Diane Byrne](#).*

### **Contain Costs**

#### **Accountable Care Collaborative Update**

The Accountable Care Collaborative (ACC) Program represents a committed effort to transform the Medicaid program into a system of better care for all its members, and to lower costs for the State of Colorado.

#### **Enrollment and Attribution**

- As of February 2015, just over 787,000 members were enrolled in the ACC – a 65% increase in enrollment in the last 12 months.



- Nearly 595,000 members are attributed to a Primary Care Medical Provider (PCMP) as of February 2015– this demonstrates an increase to about 75% of all clients being attributed, as compared to 68% of clients a year ago.

### **Pay for Performance**

- The ACC has implemented new pay-for-performance measures in State Fiscal Year 2014-15 include the following:
  - An additional Per-Member, Per-Month (PMPM) will be provided to PCMPs who meet enhanced medical home practice standards. To date, 45 practices have been certified and are the medical homes for more than 107,000 ACC members.
  - In effort to greater incentivize Regional Care Collaborative Organizations (RCCOs) to ensure members were attributed to a PCMP, RCCOs began to receive a smaller PMPM payment (35% less) for their members who are unattributed to a PCMP for longer than six months. About \$1,512,248 was withheld from RCCOs last six months due to their unattributed rate. The number of clients attributed to a PCMP has increased by 3% since the implementation of this pay-for-performance effort.
  - New Key Performance Indicators (KPI) were introduced that are tied to public health issues including postpartum visits and well-child visits. The ACC continues to track emergency room visits.

### **Program Successes, State Fiscal Year 2013-14**

- Total cost of care for ACC members was 4.5% below the statewide target
- 30-day hospital readmissions (former KPI) was 10.6% below the statewide target
- High-cost imaging (former KPI) was 6.8% below the statewide target

### **Program Innovations**

- ACC: Medicare Medicaid Program (MMP)
  - 23,316 total enrollment as of March 2015
  - RCCOs are actively engaging with members and providers to coordinate medical, behavioral, and non-medical resources and meet member needs
  - RCCOs are completing Service Coordination Plans (SCP) for each MMP member, focused on the member's goals
  - Medicare-Medicaid Ombudsman – Disability Law Colorado (formerly The Legal Center for People with Disabilities and Older People), will be hiring a full-time, dedicated ombudsman to serve all MMP clients, beginning spring 2015
- In March 2015, the ACC launched the ACC Chronic Pain Disease Management program. The program is modeled after Project ECHO and connects primary care providers with pain management specialists across the state to help them manage chronic pain in their Medicaid patients. There are also plans to launch an eConsult program that will connect primary care providers with specialists to consult with them on patient cases. For more information see the [full press release](#).
- Work continues to integrate behavioral health, and to connect ACC members to support systems such as social services, housing, and public health.

## **Accountable Care Collaborative (ACC) Request for Information Update**

Thank you to all of our clients, providers and stakeholders who responded to the ACC Request for Information (RFI). Your participation is helping to shape the next version of Colorado

Medicaid's main delivery system. An executive summary of responses will be published this spring on the [ACC Re-procurement Website](#).

## Medical Services Board

### Medical Service Board Member Recruitment

The charge of the Medical Services Board (Board) is to adopt the rules that govern the Department of Health Care Policy and Financing programs. The Board consists of eleven members who are appointed by the Governor and confirmed by the Senate.

The Board is currently seeking applications for a vacant position and is always looking to expand its pool of applicants for consideration. Coloradans who meet the general requirements outlined below are strongly encouraged to submit an application through the [Governor's Office of Board and Commissions](#). All applications are kept on file in the Governor's Office for two years from the date of submission.

Pursuant to §§25.5-1-301 through 25.5-1-303, C.R.S. general requirements for Board membership include:

- Board members must have knowledge of medical assistance programs;
- Board members may include a person or persons who have received services through programs administered by the Department
- No more than six members can be of the same political party
- At least one member shall be appointed from each congressional district
- Membership shall include representation by at least one member who is a person with a disability, a family member of a person with a disability, or a member of an advocacy group for persons with disabilities, provided that the other requirements are met.

Board members do not receive compensation for their service but are reimbursed for reasonable and necessary actual expenses incurred in the performance of their official duties. Board meetings occur on the second Friday of each month and begin at 9:00 a.m. The duration of meetings varies based on the number of rules, length of presentations, length of discussion, public testimony, and other factors. On average most meetings last until around noon. Meeting materials are made available to members one week prior to the meeting and it is expected that members will devote sufficient time to reviewing this information and that every effort will be made to attend meetings.

General information, current member information, past meeting agendas, draft rules, meeting recordings and presentations are accessible on the [MSB web page](#).

*Note: This is the first in a series of articles on the Medical Services Board and its role in Department policy. Look for additional information about the Medical Services Board in the coming months.*

### Public Rule Review Opportunities

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department's Public Rule Review Meeting. Information is available on the [Public Rule Review Meetings](#) web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

*If you would like more information, or to be added to the Medical Services Board email distribution list, please contact [Judi Carey](#).*

## Disability Rights Notice

The Colorado Department of Health Care Policy and Financing does not discriminate against any person on the basis of disability in its programs, services, and activities. To meet the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 ("ADA"), the Department adopted operating procedure [ADA001 Disability Rights Policy and Grievance Procedure](#). More information including a copy of this policy is available on the Department's [website](#). For further information or to file a discrimination complaint contact:

504/ADA Coordinator

Health Care Policy & Financing

1570 Grant Street

Denver, Colorado 80203

Telephone: 303-866-6010

FAX: 303-866-2828

State Relay: 711

Email: [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us)

## Employment Opportunities

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the [website](#) for State of Colorado jobs including the Department of Health Care Policy and Financing jobs.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time. The Department is a tobacco-free campus.

## Enrollment

<p>In February 2015, there were 1,194,129 Coloradans enrolled in Medicaid and 53,331 Coloradans enrolled in CHP+.</p>
---

[Subscribe/Unsubscribe](#)